

**To Cite:** Jiwa M. The tempting quick fix. JHD.2023;8(1):540–543. <https://doi.org/10.21853/JHD.2023.205>

**Corresponding Author:**

Moyez Jiwa  
Editor-in-Chief  
The Journal of Health Design  
Albert Park, VIC  
Australia  
[moyez.jiwa@nd.edu.au](mailto:moyez.jiwa@nd.edu.au)

**Copyright:**

©2023 The Authors. Published by Archetype Health Pty Ltd. This is an open access article under the [CC BY-NC-ND 4.0 license](https://creativecommons.org/licenses/by-nc-nd/4.0/).

**SUMMARY**

Often in life the time-saving quick fix makes an enormous difference to our quality of life. Profitable labour-saving devices abound. When it comes to innovations to reverse the effects of poor lifestyle choices, medicine sometimes presents us with “simple solutions for very complex problems. It has been shown repeatedly that the “quick fix” does not always end well. We adopt these solutions too soon—to our detriment.

**Key Words**

Ozempic; obesity; healthy eating; lifestyle choices; habits

## INTRODUCTION

For decades it has been tempting to find the quickest fix for problems borne out of the desire for energy-saving solutions. In daily life that includes many drivers for innovations such as motorised transportation, electrical appliances, and computer software. The market for anything that “saves time” and energy is vast and fortunes have been made creating and marketing these tools. It is hard to argue that our ability to travel across long distances at speed, and in comfort, has economic, cultural, and social benefits. Albeit that climate change may be one of the consequences of this petroleum-fueled mobility of goods and people. Similarly, the ability to perform domestic chores and create white goods (domestic and commercial appliances) quickly and efficiently has added the scope for more leisure time if not for increased productivity in our lives. Again, one adverse impact may be that it is driving consumerism, deforestation, and other ills, including and especially the depletion of natural resources and the rise of modern slavery in some parts of the world.

In the context of medicine, the search to increase the efficiency and the longevity of the “human machine” is a two-edged sword. On the one hand, one cannot deny that antibiotics, blood transfusions, anesthetics, and diagnostic tools have added to human well-being. However, when it comes to “lifestyle-enhancing” medical innovations the benefits are murky. Cosmetic surgery is of enormous benefit to those disfigured by genetic mutations, gender dysphoria, fire, or accidents. On the other hand, cosmetic procedures have added to the misery of those who are dissatisfied with the specific shape or size of some of their physical attributes and who turn to the laboratory in search for the body beautiful.<sup>1</sup>No one can deny the enormous profits that can be made from offering a quick fix to someone who simply wants something they were not born with, even if it is a smaller slender nose or higher cheek bones.

Many lifestyle choices are particularly troublesome and yet promoted in our cultures. The advertising of fast food, alcohol, and sedentary pursuits may be one of the drivers to ill health. The over-consumption of energy dense foods and alcoholic and sweet beverages are directly

associated with physical and psychological harm. In some cases, the aim is a quick fix that in no way addresses the very complex factors associated with hard-to-change habits. It implies the promise that it doesn't really matter why the person became ill—what is possible is to achieve health regardless. And as this promise of a panacea drives profits, the consumers' demand is the innovators' command. This is especially evident in the market for anorectic drugs (ie, drugs that produce a loss of appetite). The market value of such drugs is substantial, matched in no small way by the potential for them to cause harm. The effort required to manage body weight is, in many cases, too much for those who most need to make the effort to change their obesogenic lifestyle.<sup>2</sup>

The promise of a solution that simply involves swallowing a pill (or injecting a drug) is driving the consumer to demand to access such medication almost as soon as they are approved for use and yet with limited evidence of their long-term safety.<sup>3</sup>

If a solution that involved simply swallowing a pill was effective, one might reasonably expect that the epidemiology of obesity would have been stemmed by existing anorectics. However, rates of obesity even where anorectics are readily available in high income countries are trending upwards at alarming rates. In addition, the side effect profile of anorectic drugs has always been worrisome.<sup>4</sup> Innovators may argue that the new drugs are an advance in science and promise less iatrogenesis (side effects and risks). Unfortunately, already by late 2022 we were reading reports of problematic adverse effects of these new drugs, which suggest that we are not there yet with a “simple” cure for obesity.<sup>5</sup>

In search for a solution for conditions that are as complex as obesity, it seems that the public is attracted to the idea that a simple pill or injection might solve our cravings in the way that antibiotics kill pathogens and washing machines effortlessly wash our clothes. As appealing as this might seem to those who are not ready to commit to lifestyle change, it has been shown that in such situations it is highly unlikely that a pill can reverse the results of choices that are multifaceted in aetiology and altogether harmful.

The solution in this case—and like in many such issues addressed in *The Journal of Health Design* (*The JHD*)—is to do what is within our own circle of influence for the sake of our own health and wellbeing. Several articles published here have explored the challenges of tackling obesity. Jiwa, Krejany, and Kanjo discuss how snacking between meals has been normalised and the promotion of “healthy snacks” with enticing health claims have contributed to expanding waistlines.<sup>6</sup> Krejany, Kanjo, and Jiwa argue that the perception that snacking is good for people is problematic, and that the reasons for snacking have little to do with hunger.<sup>7</sup> Jiwa, Krejany, and Kanjo contend that ubiquitous societal factors that promote consumption of calorie-dense foods and support sedentary lifestyles limit the physician's input and counsel about matters of weight in a short visit.<sup>8</sup> It's the

individual who has the greatest impact on managing their snacking, their activity levels, their lifestyle choices, and ultimately, their waistline.<sup>8</sup> There's no simple, quick fix.

Simple solutions that invite us to suspend independent thought often do a great deal of harm. Nowhere is that more evident than in attempts at weight management. A recent arrival in the drug formulary is *Semaglutide*, the latest get-thin-fast wonder drug. Already we are reading online that it is problematic for some people.<sup>9</sup> The scientific evidence that such “wonder drugs” are problematic may follow as was the case for other medicines where the public jumped in-favour too soon.<sup>10</sup>

## REFERENCES

1. Baker DJ. Should Unnecessary Harmful Nontherapeutic Cosmetic Surgery be Criminalized? *New Criminal Law Review*. 1 November 2014; 17 (4): 587–630. doi: 10.1525/nclr.2014.17.4.587
2. Mata F, Treadway, M., Kwok, A., et al. Reduced Willingness to Expend Effort for Reward in Obesity: Link to Adherence to a 3-Month Weight Loss Intervention. *Obesity*. 2017 Oct;25(10):1676-1681. doi: 10.1002/oby.21948
3. Elliott W, Chan J. Semaglutide Injection (Wegovy) Internal Medicine Alert; Atlanta Vol. 43, Iss. 14, (Jul 2021) <https://www.reliasmedia.com/articles/148304-semaglutide-injection-wegovy>
4. Colman E. Anorectics on Trial: A Half Century of Federal Regulation of Prescription Appetite Suppressants. *Ann Intern Med*. 2005;143:380–5. doi: 10.7326/0003-4819-143-5-200509060-00013
5. Sabbá HBO, Vian CAS, Silva CB, et al. Ozempic (Semaglutide) for the treatment of obesity: advantages and disadvantages from an integrative analysis. *Research, Society and Development*, [S. l.]. 2022;11(11): e587111133963. doi: 10.33448/rsd-v11i11.33963
6. Jiwa M, Krejany, C, Kanjo E. Is snacking the new smoking? *The Journal of Health Design*. 2021;6(1):346–50. doi: 10.21853/JHD.2021.124
7. Krejany C, Kanjo E, Jiwa M. Snacking cessation: It's time to challenge this eating behaviour. *The Journal of Health Design*. 2021;6(1):351–5. doi: 10.21853/JHD.2021.127
8. Jiwa M, Krejany C, Kanjo E. Doctors have a limited role in managing obesity. *The Journal of Health Design*. 2021;6(1):356–9. doi: 10.21853/JHD.2021.128
9. ELENA ANGELIDES "I can't survive this" Woman & Home Available from <https://www.womanandhome.com/health-wellbeing/ozempic-for-weight-loss-side-effects/> accessed 06/03/2023
10. Isabelle Freiling, PhD, Nicole M. Krause, MA, and Dietram A. Scheufele, PhD. Science and Ethics of “Curing” Misinformation. *AMA J Ethics*. 2023;25(3):E228-237. doi: 10.1001/amajethics.2023.228.

## ACKNOWLEDGEMENTS

None

## PEER REVIEW

Not commissioned. Externally peer reviewed.

## CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

**FUNDING**

None

**ETHICS COMMITTEE APPROVAL**

None